## OTHER AGENCIES SUMMARY

	Page #	Requirements	Sources	Fund Balance	Staffing
IN-HOME SUPPORTIVE SERVICES PUBLIC AUTHORITY	598	8,249,280	6,816,432	1,432,848	26
ECONOMIC AND COMMUNITY DEVELOPMENT CORP	604	92	0	92	0
COUNTY INDUSTRIAL DEVELOPMENT AUTHORITY (CoIDA)	606	52,754	120	52,634	0
INLAND COUNTIES EMERGENCY MEDICAL AGENCY	608	4.121.605	3.695.228	426.377	20



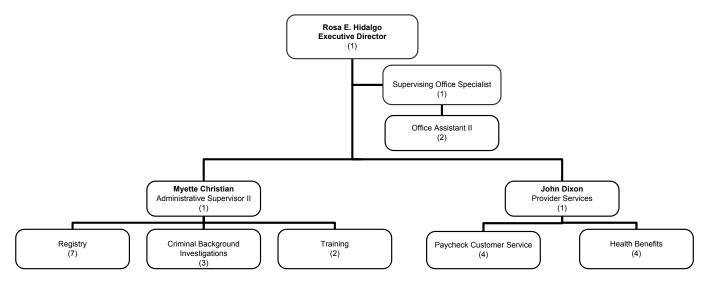
# IN-HOME SUPPORTIVE SERVICES PUBLIC AUTHORITY Rosa E. Hidalgo

#### **DEPARTMENT MISSION STATEMENT**

In-Home Supportive Services Public Authority improves the availability and quality of Homecare in the County of San Bernardino.



#### ORGANIZATIONAL CHART



#### 2013-14 ACCOMPLISHMENTS

- Transitioned several provider services from the Department of Aging and Adult Services to the In-Home Supportive Services Public Authority (IHSS) during January 2014. Services included provider orientation, enrollment, payroll customer service, and employment verifications which includes worker's compensation.
- Successful agreement with the Service Employees International Union United Healthcare Workers West (SEIU-UHW) for the period of July 2013 through December 2014.
- Implemented the Coordinated Care Initiative through agreement with Inland Empire Health Plan and Molina Healthcare.
- Processed over 6,750 criminal background reports through the Criminal Background Investigations Unit to comply with State of California's IHSS fraud initiative.
- Assisted over 1,644 IHSS recipients in finding a caregiver to remain safely in their home avoiding institutional placement.
- Developed consumer training program to provide increased interviewing and supervising skills in order to hire and supervise caregivers. Most of our consumers in this program are new to IHSS. Over 200 consumers were able to complete this training.



#### COUNTY GOALS AND OBJECTIVES AND DEPARTMENT PERFORMANCE MEASURES

COUNTY GOAL: PROVIDE FOR THE HEALTH AND SOCIAL SERVICES NEEDS OF COUNTY RESIDENTS

Objective(s):

- Maximize the utilization of Federal and State programs and funding to address the needs of County residents.
- To the maximum extent legally allowed, utilize County programs to move participants to self-sufficiency.

Department Strategy: • Comply with new Federal legislation on overtime that will be in effect January 2015 by increasing the number of qualified providers in the Public Authority Registry.							
Measurement	2012-13 Actual	2013-14 Target	2013-14 Estimate	2014-15 Target			
Number of qualified providers in metropolitan areas	1,100	1,300	1,181	1,690			
Number of qualified providers in rural areas	118	150	138	217			
				,			

COUNTY GOAL: CREATE, MAINTAIN AND GROW JOBS AND ECONOMIC VALUE IN THE COUNTY

Objective(s): • Utilize County programs and resources to support the local economy and maximize job creation.

Department Strategy:	<ul> <li>Decrease payroll processing time to allo timesheets and paychecks which adds econd</li> </ul>	•		•	•
Measurement		2012-13 Actual	2013-14 Target	2013-14 Estimate	2014-15 Target
Payroll processing time.		N/A	N/A	6 weeks	3 weeks

COUNTY GOAL: PROVIDE FOR THE HEALTH AND SOCIAL SERVICES NEEDS OF COUNTY RESIDENTS

Objective(s): • To the maximum extent legally allowed, utilize County programs to move participants to self-sufficiency.

Department Strategy:	<ul> <li>Increase number of trained IHSS providers to better assist current and new IHSS recipients (elderly and people with disabilities) to remain safely in their home.</li> <li>Increase number of trained residents in San Bernardino County to have a more qualified workforce.</li> </ul>							
		2012-13	2013-14	2013-14	2014-15			
Measurement		Actual	Target	Estimate	Target			

2012-13 Actual	2013-14 Target	2013-14 Estimate	2014-15 Target
18%	20%	25%	40%
	Actual	Actual Target	Actual Target Estimate



### **SUMMARY OF BUDGET UNITS**

#### 2014-15

	Requirements	Sources	Fund Balance	Staffing
Special Revenue Fund In-Home Supportive Services Public Authority	0.040.000	0.040.400	4 400 040	00
in-Home Supportive Services I ablic Authority	8,249,280	6,816,432	1,432,848	26
Total Special Revenue Fund	8,249,280	6,816,432	1,432,848	26

5-YEAR REQUIREMENTS TREND									
	2010-11	2011-12	2012-13	2013-14	2014-15				
In-Home Supportive Services Public Authority	8,252,118	7,038,900	7,131,007	8,046,005	8,249,280				
Total	8,252,118	7,038,900	7,131,007	8,046,005	8,249,280				

5-YEAR SOURCES TREND								
	2010-11	2011-12	2012-13	2013-14	2014-15			
In-Home Supportive Services Public Authority	6,841,463	5,625,138	5,716,638	6,613,157	6,816,432			
Total	6,841,463	5,625,138	5,716,638	6,613,157	6,816,432			

5-YEAR FUND BALANCE TREND									
	2010-11	2011-12	2012-13	2013-14	2014-15				
In-Home Supportive Services Public Authority	1,410,655	1,413,762	1,414,369	1,432,848	1,432,848				
Total	1,410,655	1,413,762	1,414,369	1,432,848	1,432,848				



### In-Home Supportive Services - Public Authority

#### **DESCRIPTION OF MAJOR SERVICES**

The In-Home Supportive Services (IHSS) program was created in 1973 to serve elderly, blind, and/or disabled individuals who are not able to remain safely in their home without assistance. Section 12302.25 of the Welfare and Institutions Code (WIC) mandates that each county, on or before January 1, 2003, must act as, or establish, an employer of record for collective bargaining purposes for IHSS

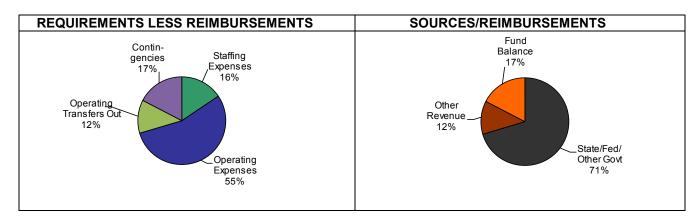
Budget at a Glance	
Requirements Less Reimbursements*	\$8,249,280
Sources/Reimbursements	\$6,816,432
Fund Balance	\$1,432,848
Use of Fund Balance	\$607
Total Staff	26
*Includes Contingencies	

care providers. The IHSS Public Authority (PA) was established to comply with this mandate.

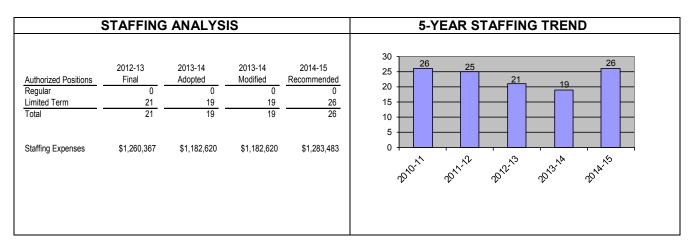
In addition to its role in collective bargaining, the IHSS PA is required by WIC to provide the following mandated services:

- Establish a registry of potential care providers.
- Investigate the background and qualifications of potential care providers.
- Refer potential care providers from the registry to IHSS consumers upon request.
- Provide training for both IHSS care providers and consumers.
- Perform other functions related to the delivery of IHSS as designated by the governing board.

#### 2014-15 RECOMMENDED BUDGET



#### **BUDGETED STAFFING**





GROUP: Human Services
DEPARTMENT: IHSS - Public Authority
FUND: IHSS - Public Authority

BUDGET UNIT: RHH 498
FUNCTION: Public Assistance
ACTIVITY: Other Assistance

	2010-11 Actual	2011-12 Actual	2012-13 Actual	2013-14 Estimate	2013-14 Modified Budget	2014-15 Recommended Budget	Change From 2013-14 Modified Budget
Requirements				i			
Staffing Expenses	1,435,598	1,227,771	1,171,008	1,046,774	1,182,620	1,283,483	100,863
Operating Expenses	4,179,543	3,535,668	3,430,159	4,445,421	4,456,144	4,524,431	68,287
Capital Expenditures	0	0	0	0 !	0	0	0
Contingencies		0	0		1,432,241	1,432,241	
Total Exp Authority	5,615,141	4,763,439	4,601,167	5,492,195	7,071,005	7,240,155	169,150
Reimbursements	0	0	0	0	0	0	0
Total Appropriation	5,615,141	4,763,439	4,601,167	5,492,195	7,071,005	7,240,155	169,150
Operating Transfers Out	0	0	0	975,000	975,000	1,009,125	34,125
Total Requirements	5,615,141	4,763,439	4,601,167	6,467,195	8,046,005	8,249,280	203,275
Sources				1			
Taxes	0	0	0	0	0	0	0
Realignment	0	0	0	975,000	975,000	0	(975,000)
State, Fed or Gov't Aid	4,850,185	3,912,503	4,389,445	5,489,452	5,636,657	5,805,307	168,650
Fee/Rate	0	0	0	0	0	0	0
Other Revenue	768,064	850,341	212,743	2,743	1,500	2,000	500
Total Revenue	5,618,249	4,762,844	4,602,188	6,467,195	6,613,157	5,807,307	(805,850)
Operating Transfers In	0	0	17,457	<u>0</u> !	0	1,009,125	1,009,125
Total Financing Sources	5,618,249	4,762,844	4,619,645	6,467,195	6,613,157	6,816,432	203,275
				Fund Balance	1,432,848	1,432,848	0
				Budgeted Staffing	19	26	7

#### MAJOR EXPENDITURES AND REVENUE IN 2014-15 RECOMMENDED BUDGET

Requirements of \$8.3 million are made up of the following:

- Staffing expenses of \$1.3 million which funds 26 positions.
- Operating expenses of \$4.5 million which is made up of the services and supplies, licensing and
  maintenance of the annual registry and provider health benefits database, provider and staff training,
  provider background investigations and finger printing, COWCAP, and payments for provider health
  benefits
- Contingencies of \$1.4 million which is to be set aside to guarantee appropriate cash flow due to retroactive reimbursements from federal and state funding sources.
- Operating transfers out of \$1.0 million which represents the required local share match for Public Authority (PA) administration and health benefits paid to the State as part of the new mandated Maintenance of Effort (MOE) agreement. The HS Administrative Claim budget unit makes the entire match payment to the State for all IHSS MOE components.

State, federal, and other government aid revenue and other revenue of \$5.8 million represents the state and federal mandated share of PA expenditures. The increase is due to the availability of state/federal funding.

Operating transfers in of \$1.0 million represents the 3.5% growth escalator as mandated by State legislation due to the recent changes made to the IHSS MOE funding structure. This is funded with 1991 Social Services Realignment transferred from the HS Administrative Claim budget unit.

#### **BUDGET CHANGES AND OPERATIONAL IMPACT**

Requirements are increased by \$203,275, which includes an increase in staffing expenses of \$100,863 as a result of adding 7 new positions. The PA took responsibility for IHSS provider payroll, enrollment and orientation from the Department of Adult Services and will be adding an additional Office Assistant position due to overall workload needs. The cost of 6 of the 7 positions is directly abated within the staffing expenses expenditure category offsetting the overall increase in cost. Operating expense is increasing by \$68,287 to replace all computers and upgrade existing software.



Sources are increasing by \$203,275 due to an increase in available federal/state funding of \$168,650. Realignment is decreasing by \$975,000 due to accounting adjustment that reclassifies this source as an operating transfer in. Overall realignment usage is increasing by 3.5% as mandated by State legislation with the recent changes made to the IHSS MOE funding structure.

#### STAFFING CHANGES AND OPERATIONAL IMPACT

Staffing expenses of \$1.3 million fund 26 limited term budgeted positions. Due to new responsibilities mandated by State and Federal agencies, such as the Cal MediConnect initiative, the Affordable Care Act, and new Federal legislation on overtime and services for homecare workers, the department required a restructuring of existing staff to be able to adequately cover the new work requirements. Detailed changes are outlined below:

Contract Staff Analyst II – Reclassified to Contract Supervising Program Specialist Contract Fiscal Assistant – Reclassified to Contract Supervising Office Specialist Contract Social Worker I – Reclassified to Contract Social Worker II

In 2014-15 the PA will take over Provider Payroll, Enrollment and Orientations from the Department of Aging and Adult Services and have added the following positions to meet the increased workload:

3 Contract Office Assistant IV; 2 Contract Office Assistant III; 2 Contract Office Assistant II

#### **2014-15 POSITION SUMMARY**

Division	Regular	Limited Term	Total	Filled	Vacant	New	Total
Administration	0	4	4	4	0	0	4
Background Checks	0	3	3	3	0	0	3
Provider Services	0	9	9	3	0	6	9
Registry	0	8	8	7	0	1	8
Training	0	2	2	2	0	0	2
Total	0	26	26	19	0	7	26

Administration	<b>Background Checks</b>	Provider Services		
Classification	Classification	Classification		
1 Contract Executive Director	2 Contract Office Assistant III	1 Contract Supervising Program Spec		
1 Contract Supervising Office Specialist	1_ Contract Office Assistant IV	1 Contract Office Assistant IV		
2 Office Assistant II	3 Total	3 Contract Office Assistant III		
4 Total		4 Contract Office Assistant II 9 Total		
		o Total		
	Registry	Training		
	Classification	Classification		
	<ol> <li>Administrative Supervisor II</li> </ol>	<ol> <li>Contract Office Assistant IV</li> </ol>		
	5 Contract Social Worker II	1 Contract Office Assistant II		
	2 Contract Office Assistant III	2 Total		
	8 Total			



# ECONOMIC AND COMMUNITY DEVELOPMENT CORPORATION Kelly Reenders

#### **DESCRIPTION OF MAJOR SERVICES**

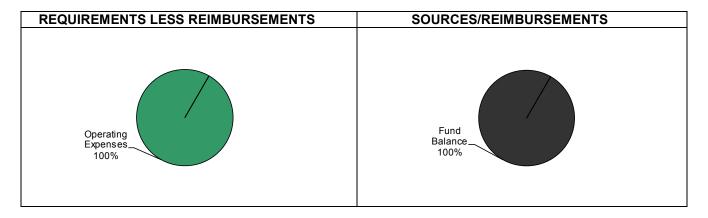
In September 1987, the Board of Supervisors formed the County of San Bernardino Economic and Community Development Corporation to provide additional methods of financing the acquisition of property, for and on behalf of private enterprise, to promote and enhance economic development and increase opportunities for useful

\$92
\$0
\$92
\$92
0

employment. On May 8, 2012 (Item #45), the Board of Supervisors amended the Articles of Incorporation and the By-Laws to enable the Corporation to establish an Advisory Board that would comply with the requirements for designation as a Community Development Entity (CDE) by the Community Development Financial Institution Fund of the United States Department of the Treasury. The Corporation was designated as a CDE in December 2012. The Corporation will apply for New Market Tax Credits, as they become available, which if awarded will be used to attract investments in businesses located in eligible census tracts.

The annual Economic and Community Development Corporation budget provides for professional services related to the issuance of bonds, promotion of the financing program and other program related costs. Economic and Community Development Corporation is a function of the Economic Development Agency.

#### 2014-15 RECOMMENDED BUDGET





GROUP: Economic Development

DEPARTMENT: Economic Development Agency
FUND: Economic and Community Development Corporation

BUDGET UNIT: SFI 499
FUNCTION: Public Assistance
ACTIVITY: Other Assistance

	2010-11 Actual	2011-12 Actual	2012-13 Actual	2013-14 Estimate	2013-14 Modified Budget	2014-15 Recommended Budget	Change From 2013-14 Modified Budget
Requirements							
Staffing Expenses	0	0	0	0	0	0	0
Operating Expenses	0	0	0	0	93	92	(1)
Capital Expenditures	0	0	0	0	0	0	0
Contingencies		0	0	0			
Total Exp Authority	0	0	0	0	93	92	(1)
Reimbursements	0	0	0	0	0	0	0
Total Appropriation	0	0	0	0	93	92	(1)
Operating Transfers Out	0	0	0	0	0	0	0
Total Requirements	0	0	0	0	93	92	(1)
Sources							
Taxes	0	0	0	0	0	0	0
Realignment	0	0	0	0	0	0	0
State, Fed or Gov't Aid	0	0	0	0	0	0	0
Fee/Rate	0	0	0	0	0	0	0
Other Revenue	1	1	0	0	1	0	(1)
Total Revenue	1	1	0	0	1	0	(1)
Operating Transfers In	0	0	0	0	0	0	<u> </u>
Total Financing Sources	1	1	0	0	1	0	(1)
				Fund Balance	92	92	0
				<b>Budgeted Staffing</b>	0	0	0

#### MAJOR EXPENDITURES AND REVENUE IN 2014-15 RECOMMENDED BUDGET

Operating expenses of \$92 represent costs associated with maintaining the Economic and Community Development Corporation. If a decision is made to issue bonds or to expand the existing services the budget would be modified to increase operating expenses for costs associated with the issuance of bonds, the expanded services and/or other related costs. The increase in operating expenses would be offset by a budget adjustment for the anticipated revenue.

#### **BUDGET CHANGES AND OPERATIONAL IMPACT**

Since no bonds are planned to be issued due to low market interest rates, total requirements reflect the available fund balance.

#### STAFFING CHANGES AND OPERATIONAL IMPACT

There is no staffing associated with this budget unit.



# COUNTY INDUSTRIAL DEVELOPMENT AUTHORITY Kelly Reenders

#### **DESCRIPTION OF MAJOR SERVICES**

In March 1981, the Board of Supervisors created the San Bernardino County Industrial Development Authority (CoIDA) to issue tax-exempt industrial bonds for the furtherance of economic development and the creation of new jobs within the County. The annual CoIDA budget typically provides for funding for the cost of professional services related to the issuance of bonds, promotion of

Budget at a Glance	
Requirements Less Reimbursements*	\$52,754
Sources/Reimbursements	\$120
Fund Balance	\$52,634
Use of Fund Balance	\$52,634
Total Staff	0
*Includes Contingencies	

the financing program and other program related costs. CoIDA is a function within the Economic Development Agency.

#### 2014-15 RECOMMENDED BUDGET

REQUIREMENTS LESS REIMBURSEMENTS	SOURCES/REIMBURSEMENTS
Operating Expenses 100%	Fund Balance 100%



GROUP: Economic Development
DEPARTMENT: Economic Development Agency
FUND: Industrial Development Authority

BUDGET UNIT: SPG 510 FUNCTION: Public Assistance ACTIVITY: Other Assistance

	2010-11 Actual	2011-12 Actual	2012-13 Actual	2013-14 Estimate	2013-14 Modified Budget	2014-15 Recommended Budget	Change From 2013-14 Modified Budget
Requirements				i	_	-	
Staffing Expenses	0	0	0	0	0	0	0
Operating Expenses	3,797	180	187	150	53,032	52,754	(278)
Capital Expenditures Contingencies	0 0	0 0	0 0	0 0	0 0	0 0	0
Total Exp Authority Reimbursements	3,797 0	180 0	187 0	150 0	53,032 0	52,754 0	(278) 0
Total Appropriation Operating Transfers Out	3,797	180 0	187 0	150 0	53,032 0	52,754 0	(278)
Total Requirements	3,797	180	187	150	53,032	52,754	(278)
Sources				!			
Taxes	0	0	0	0 i	0	0	0
Realignment	0	0	0	0	0	0	0
State, Fed or Gov't Aid	0	0	0	0 i	0	0	0
Fee/Rate	(14,897)	1,827	0	0	0	0	0
Other Revenue	0	3,894	223	120	368	120	(248)
Total Revenue Operating Transfers In	(14,897) 0	5,721 0	223 0	120 0	368 0	120 0	(248) 0
Total Financing Sources	(14,897)	5,721	223	120	368	120	(248)
				Fund Balance	52,664	52,634	(30)
			I	Budgeted Staffing	0	0	0

#### MAJOR EXPENDITURES AND REVENUE IN 2014-15 RECOMMENDED BUDGET

Operating expenses of \$52,754 represent professional services associated with the issuance of bonds, promotion of the financing program and other related costs.

#### **BUDGET CHANGES AND OPERATIONAL IMPACT**

Since no bonds are planned to be issued due to low market rates, total requirements reflect the available fund balance and other revenue anticipated in 2014-15.

#### STAFFING CHANGES AND OPERATIONAL IMPACT

There is no staffing associated with this budget unit.



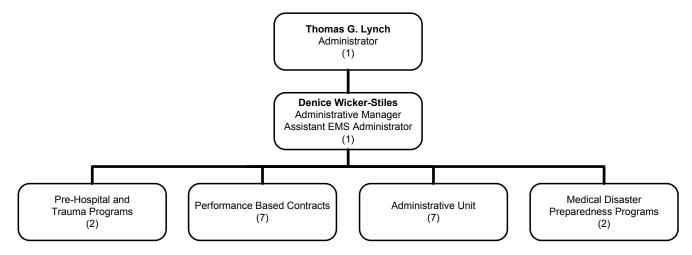
# INLAND COUNTIES EMERGENCY MEDICAL AGENCY (ICEMA) Thomas G. Lynch

#### **DEPARTMENT MISSION STATEMENT**

Inland Counties Emergency Medical Agency ensures an effective system of quality patient care and coordinated emergency medical response by planning, implementing, and evaluating an effective emergency medical services system including fire departments and public ambulances, pre-hospital providers, and hospitals, including specialty care hospitals, such as trauma and cardiac care hospitals.



#### **ORGANIZATIONAL CHART**



#### 2013-14 ACCOMPLISHMENTS

- Expanded data collection and participation in the electronic patient care record management system in order to increase the efficiency and effectiveness of the County's Emergency Medical Services (EMS) system and provided real-time patient care data for quality care and medical control.
- Developed a service contract with the California Emergency Medical Services Authority to fund department activities through the development of a statewide data repository. ICEMA subsequently submitted nearly one million EMS patient care records collected statewide to the national database, marking the first data submission for the state of California.
- Developed a service contract with the California Emergency Medical Services Authority to fund department activities through the development of a health information exchange between prehospital personnel and hospitals for improved patient care.
- Reorganized stakeholder committees to increase stakeholder input and improve staff efficiency and effectiveness.



#### COUNTY GOALS AND OBJECTIVES AND DEPARTMENT PERFORMANCE MEASURES

COUNTY GOAL: PROVIDE FOR THE HEALTH AND SOCIAL SERVICES NEEDS OF COUNTY RESIDENTS

Objective(s): • Maximize the utilization of Federal and State programs and funding to address the needs

of County residents.

Department Strategy: • Cooperatively develop service contracts with State agencies to fund department activities.

• Ensure EMS Continuing Education/Training Programs are compliant with Title 22, California Code of Regulations and educational standards.

Measurement	2012-13 Actual	2013-14 Target	2013-14 Estimate	2014-15 Target
Number of new revenue contract workplans/applications submitted	N/A	N/A	2	4
Number of EMS Continuing Education providers audited	N/A	N/A	0	20

COUNTY GOAL: IMPROVE COUNTY GOVERNMENT OPERATIONS

Objective(s): • Monitor and evaluate operations and implement strategies to continually improve

efficiency and effectiveness.

Department Strategy: • Ensure patient safety and improve patient care through quality improvement review of air transport documentation.

Measurement	2012-13	2013-14	2013-14	2014-15
	Actual	Target	Estimate	Target
Percentage of air transports reviewed for quality improvement	N/A	N/A	10%	100%

COUNTY GOAL: OPERATE IN A FISCALLY-RESPONSIBLE AND BUSINESS-LIKE MANNER

Objective(s): • Promote public/private collaboration and projects that help to meet the needs of county residents.

Department Strategy: · Collaboratively develop policies and procedures to reduce the number of hours of bed delay 2012-13 2014-15 2013-14 2013-14 Actual Target Estimate Target Measurement Number of bed delay hours N/A 12,800 20,900 18,810



### **SUMMARY OF BUDGET UNITS**

	Requirements	Sources	Net County Cost	Fund Balance	Net Budget	Staffing
Special Revenue Funds						
Inland Counties Emergency Medical Agency	4,121,605	3,695,228		426,377		20
Total Special Revenue Funds	4 121 605	3 695 228	•	426 377		20

5-YEAR REQUIREMENTS TREND								
	2010-11	2011-12	2012-13	2013-14	2014-15			
Inland Counties Emergency Medical Agency	3,808,735	5,715,840	4,946,014	5,314,655	4,121,605			
Total	3,808,735	5,715,840	4,946,014	5,314,655	4,121,605			

5-YEAR SOURCES TREND								
	2010-11	2011-12	2012-13	2013-14	2014-15			
Inland Counties Emergency Medical Agency	2,964,903	4,968,587	4,610,443	4,453,052	3,695,228			
Total	2,964,903	4,968,587	4,610,443	4,453,052	3,695,228			

5-YEAR FUND BALANCE TREND								
	2010-11	2011-12	2012-13	2013-14	2014-15			
Inland Counties Emergency Medical Agency	843,832	747,253	335,571	861,603	426,377			
Total	843,832	747,253	335,571	861,603	426,377			



### **Inland Counties Emergency Medical Agency**

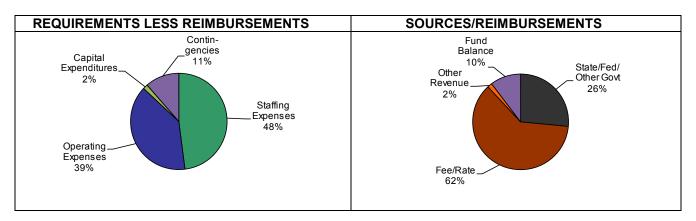
#### **DESCRIPTION OF MAJOR SERVICES**

The Inland Counties Emergency Medical Agency (ICEMA) was developed under a Joint Powers Agreement with San Bernardino, Inyo and Mono Counties. ICEMA is responsible for ensuring effective emergency medical services for the three County areas. Specifically, they are charged with the coordination, evaluation and monitoring of emergency medical services within public and private pre-hospital

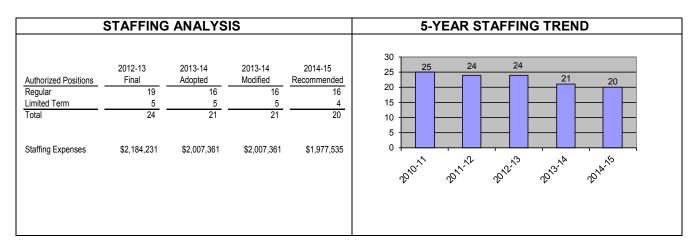
Budget at a Glance	
Requirements Less Reimbursements*	\$4,121,605
Sources/Reimbursements	\$3,695,228
Fund Balance	\$426,377
Contribution to Fund Balance	\$43,827
Total Staff	20
*Includes Contingencies	

providers, specialty hospitals, paramedic base hospitals, as well as the effectiveness of Emergency Medical Services (EMS) educational programs and medical disaster preparedness.

#### 2014-15 RECOMMENDED BUDGET



#### **BUDGETED STAFFING**





GROUP: Administration
DEPARTMENT: Inland Counties Emergency Medical Agency

FUND: ICEMA

BUDGET UNIT: SMI ICM FUNCTION: Health and Sanitation ACTIVITY: Hospital Care

	2010-11 Actual	2011-12 Actual	2012-13 Actual	2013-14 Estimate	2013-14 Modified Budget	2014-15 Recommended Budget	Change From 2013-14 Modified Budget
Requirements	2.746.620	2 244 450	4 000 000	4 000 007	2.007.204	4.077.525	(20, 026)
Staffing Expenses Operating Expenses	2,746,620 49,051	3,341,159 994,258	1,982,988 1,635,813	1,983,637 1,641,650	2,007,361 2,136,848	1,977,535 1,607,866	(29,826) (528,982)
Capital Expenditures	320,790	638.448	356,290	115,870		66.000	14.000
Contingencies	0	0	0	0	612,334	470,204	(142,130)
Total Exp Authority	3,116,461	4,973,865	3,975,091	3,741,157	4,808,543	4,121,605	(686,938)
Reimbursements	0	312,179	0	0	0	0	0
Total Appropriation	3,116,461	5,286,044	3,975,091	3,741,157		4,121,605	(686,938)
Operating Transfers Out	0	0	0	506,112	506,112	0	(506,112)
Total Requirements	3,116,461	5,286,044	3,975,091	4,247,269	5,314,655	4,121,605	(1,193,050)
<u>Sources</u>							
Taxes	0	0	0	0	0	0	0
Realignment	0	0	0	0	0	0	0
State, Fed or Gov't Aid	1,165,228	848,911	1,464,556	1,483,549		1,093,562	(449,303)
Fee/Rate	1,205,865	3,915,290	2,676,857	2,112,548		2,537,232	(130,974)
Other Revenue	569,195	8,258	49,472	21,061	34,021	21,173	(12,848)
Total Revenue	2,940,288	4,772,459	4,190,885	3,617,158		3,651,967	(593,125)
Operating Transfers In	32,000	7,370	287,530	194,885	207,960	43,261	(164,699)
Total Financing Sources	2,972,288	4,779,829	4,478,415	3,812,043	4,453,052	3,695,228	(757,824)
				Fund Balance	861,603	426,377	(435,226)
				Budgeted Staffing	21	20	(1)

#### MAJOR EXPENDITURES AND REVENUE IN 2014-15 RECOMMENDED BUDGET

Staffing expenses of \$2.0 million fund 20 budgeted positions.

Operating expenses of \$1.6 million are primarily comprised of other professional and specialized services (\$177,000), Hospital Preparedness Program expense (\$179,639), computer software and hardware expense (\$167,810), services and supplies transfers out for building lease expenses (\$436,859), and COWCAP (\$122,361).

Sources of \$3.7 million are primarily comprised of fees for current services, performance based contract revenues and state and federal grant funds.

#### **BUDGET CHANGES AND OPERATIONAL IMPACT**

Requirements are decreasing by \$1.2 million due to the reduction in the purchase of equipment and supplies for the Hospital Preparedness Program, a reduction in computer software expenses, and elimination of a one-time operating transfer out.

Sources are decreasing by \$757,824 as a result of decreased federal, state and SB612/1773 (Maddy) funding.

#### STAFFING CHANGES AND OPERATIONAL IMPACT

Staffing expenses of \$2.0 million fund 20 budgeted positions, of which 16 are regular positions and 4 are limited term positions. Despite increases to benefit costs, a small overall reduction occurred due to the elimination of one contract position.



#### 2014-15 POSITION SUMMARY

Division	Regular	Limited Term	Total		Filled	Vacant	New	Total
Administration	8	1	9	i -	9	0	0	9
Pre-Hospital and Trauma Programs	0	2	2	!	2	0	0	2
Performance Based Contracts	6	1	7	i	7	0	0	7
Medical Disaster Preparedness Programs	2	0	2	i	2	0	0	2
Total	16	4	20		20			20

Administration	Pre-Hospital and Trauma Programs	Performance Based Contracts
Classification	Classification	Classification
1 Contract EMS Administrator	1 Contract EMS Nurse	<ol> <li>Public Health Program Coordinator</li> </ol>
1 Administrative Manager	1_Contract EMS Trauma Nurse	1 Contract EMS Technical Consultant
Emergency Medical Servcs Specialist     Office Assistant III     Secretary I     Fiscal Assistant     Total  Medical Disaster Preparedness Programs	2 Total	EMS Nurse     Staff Analyst II     Medical Emergency Planning Specialist     Statistical Analyst     Office Assistant III     Total
Classification		
Nurse Educator     Emergency Medical Servcs Specialist     Total		



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